



**CITY
OF
BOULDER**

Public Works/Utilities
PO Box 791 Boulder, CO 80306

Water Quality and Environmental Services

4049 N. 75th St./Bldr. 80301

Fax 303-413-7373

Administration 303-413-7350

Stormwater Quality

Industrial Pretreatment

Wastewater/Environmental Laboratory

5605 N. 63rd St./Bldr. 80301

Fax 303-530-1137

Drinking Water

303-413-7400

Water Conservation 303-413-7407

Dental Amalgam Management Compliance and Waiver Form

DIRECTIONS: Please complete the Dental Amalgam Management Compliance and Waiver Form and return to: City of Boulder, Industrial Pretreatment Program c/o Dental Program, 4049 75th Street, Boulder, CO 80301. It is the responsibility of the dental practice to ensure that forms are signed by the authorized representative. Please call 303 413-7350 with any questions.

Beginning Feb. 2008 and thereafter, annual self-certification and completion of compliance form are required by **February 15th of each year**.

A. OFFICE INFORMATION

1. Name of business: _____ Name of Contact: _____
2. Facility address: _____
City, State Zip _____
3. Mailing address: _____
City, State Zip _____
4. Telephone Number: _____

B. PRODUCT/SERVICE INFORMATION

Form of dentistry (general, reconstructive, endodontics). _____

If your business does not place or remove amalgams and/or teeth containing amalgam fillings, please complete the Wavier Request in Section E and sign the Certification Statement in Section F.

C. Best Management Practices All dental offices are required to certify that their practice has implemented and are currently in compliance with best management practices as outlined in ***Rule Tittle 11, Chp. 3, B.R.C. 1981***. Compliance forms must be completed and returned to the above address by **November 1, 2007**.

1. Dental Practice uses only pre-capsulated amalgams. Bulk mercury has been recycled. Yes: ☐
Initial _____
2. All dental chairs used for practices relating to dental amalgam, are equipped with chair-side traps. Yes: ☐
Initial _____
3. Any wet vacuum system is equipped with a secondary filter in accordance to rule ----. Yes: ☐
Initial _____
4. Traps and filters are clean, maintained and disposed of in accordance to manufacturer's instructions and rule -----. Yes: ☐
Initial _____
- 5a. Only non-oxidizing, non-chlorine disinfectants and neutral line cleaners are used when cleaning lines that service amalgam related practices. Yes: ☐
Initial _____
- 5b. When cleaning traps and filters, dental practice does not rinse over the drain. All wastewater produced by practices involving amalgams is flushed through amalgam separator. Yes: ☐
Initial _____
- 5c. All amalgam waste, including contact and non-contact is stored in structurally sound container that is properly labeled "Amalgam Waste for Recycling". Yes: ☐
Initial _____

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6a. All amalgam waste is disposed of annually through a certified recycler, or vendor/manufacturer.

Yes: ☐

Initial _____

6b Name of Disposal Service: _____

Address: _____

D. SEPARATOR

Compliance date:
May 1st, 2008

Within one year of the effective date of this rule, by **May 1st, 2008** and thereafter, all dental practices shall have installed and are required to maintain an ISO: 11143 approved amalgam separator in accordance to the requirements in Rule Title 11, Chp. 3, B.R.C 1981.

The amalgam separator must be designed and tested for a flow rate capable of handling the maximum volume discharged from the dental practice it services.

If the ISO revises or amends the 11143 standard, dental practice may be required to comply with new standard within five years.

Dental practice has installed an ISO 11143
amalgam separator

Yes: ☐

Initial _____

Amalgam Separator Model and Manufacturer: _____

E. Waiver Request

Waivers will be granted to dental practice which no dentist places or removes amalgams containing mercury and/or teeth containing mercury amalgams. Each request will be reviewed by the city or Boulder to ensure that the dental practice does not handle amalgam. *Violation could result in fines and imprisonment.*

The dental practice (of) _____ does not place or remove amalgams or teeth containing mercury amalgams.

Form of Dentistry: _____

F. CERTIFICATION

"I certify that under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

Authorized Representative (Printed): _____

Authorized Representative Signature: _____

Date: _____